

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 209 / 284

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Free and Strong America PAC, Inc.

**A.**

Full Name (Last, First, Middle Initial)

MRS. THEORA SHELLEY

Mailing Address 10624 E. TERRA DRIVE

City

SCOTTSDALE

State

AZ

Zip Code

85258-6118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 0

Transaction ID: SA11.385557

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT M. SHOEMAKER

Mailing Address 4501 POTTERY PLACE

City

DESTIN

State

FL

Zip Code

32541-3427

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11.388089

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. NORBERT A. SIEGFRIED

Mailing Address 312 N. BRENTWOOD #1

City

CLAYTON

State

MO

Zip Code

63105-3775

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SIEGFRIED INSURANCE

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 0

Transaction ID: SA11.385434

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....